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CONFIRMATION NO. 2567

Bib Data Sheet

SERIAL NUMBER 10/605,568	FILING DATE 10/09/2003 RULE	CLASS 219	GROUP ART UNIT 3742	ATTORNEY DOCKET NO. ITW7510.063
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** CONTINUING DATA *****

(NONE)

** FOREIGN APPLICATIONS *****

(NONE)

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/08/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 3	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 3
Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance	Examiner's Signature	Initials		

ADDRESS

33647

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TITLE

METHOD AND APPARATUS FOR LOCALIZED CONTROL OF A PLASMA CUTTER

FILING FEE RECEIVED 806	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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